L17000029996

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COVER LETTER

	on of Corp			
SUBJECT: _	Ορ	US INVEST	MENTS LLC.	
	•	Name of L	imited Liability Company	
The enclosed A	Articles of a	Amendment and fee(s) are s	ubmitted for filing.	
Please return a	II correspoi	ndence concerning this matt	er to the following:	
			Sonzalo Orruti Name of Person	a
			Firm/Company	
		9450	Poinciana PL	#103
		Dau	City/State and Zin Code	
		nata La E-mail address	City/State and Zip Code Lara PAC gmou to be used for future annual report notif	L.com
For further into	ormation co	oncerning this matter, please		
Gon	<u>2alo</u> Name of	Upputia.	at (<u>305)</u> <u>308 –</u> Area Code Daytima	S2 O6 Talephone Number
Enclosed is a cl	heck for the	e following amount:		
\$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra	NG ADDRESS: ation Section to of Corporations x 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	n

2661 Executive Center Circle Tallahassee, FL 32301

Tallabassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPUS INVESTM	IENTS UC
(A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 02/07/2017 and assigned
Florida document number <u>L17000029996</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:	4450 Poinciana PC #103
(Principal office address MUST BE A STREET ADDRESS)	<u>#103</u>
	Davie, FL 33324
Carre and a discontinuous of applicable.	9450 Poinciana ePL
Enter new mailing address, if applicable:	#103
(Mailing address MAY BE A POST OFFICE BOX)	Tavie, FL 333224 = =
	75000 1 2 33324
B. If amending the registered agent and/or registered of	ffice address on our records, enter the mane the new
registered agent and/or the new registered office address her	e ga ta
	o de la companya de l
Name of New Registered Agent:	<i></i>
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605. F.S. Or, if this document is
If Cha	nging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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an effectiv	adate is listed, the	nan the date of date must be speci n this block does	fic and cannot b	e prior to date of t	filing or more tha	n 90 days after	filing.) Pursuant t	
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